

FORM LOB (Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION 13 APR 10 P2:35 LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

| REPORT YEAR: 2013 | _ _ | Amended Statement STAT | STATE OF HAWAII E ETHIC S C OMMISSIJI. # 30 |
|--------------------------------|--------------------------|--|--|
| For Lobbying Reporting Period: | 🖊 January 1 - la | st day of February March 1 - Apr | il 30 May 1 - December 31 |
| LOBBYIST INFORMATION | | | |
| CAULFIELD | | GARY | L |
| Last Name | | First Name | M .I. |
| FIRST HAWAIIAN BANK | | | |
| Lobbyist Firm/Employer | | | |
| PO BOX 3200 | | | |
| Mailing Address (Number and S | Street or P.O. Box |) | |
| HONOLULU | | н | 96847 |
| City | | State | Zip Code |
| (808) 525-7117 | | gcaulfield@fhb.com | |
| Telephone Ex | tension | Email Address | |
| Organization's Names 1. | Alon & Dishauton Asserts | Cocolidas Actions Acti | GIRS TO SOLIT GENERAL TURKS TAL |
| | | | |
| 14. | | - | |
| 15. Total Expanditures from | Additional Attac | that Sheet(s) | <u> </u> |
| 16. Total Expenditures from A | Additional Attac | ned Sileet(s) | |
| | | | |

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

| Name | On Behalf of ORG | | Amount or Value |
|--|----------------------------------|--|--|
| Not applicable | , | | |
| | | | |
| | | | |
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| | | | |
| | | | 1 |
| Check here if additi | ional sheets are attached | | |
| | TURES OF \$150 OR MORE P | PER PERSON total sum of \$150 or more per person du | ring the statement period. |
| Name | On Behalf of ORG | | Amount or Value |
| Not applicable | | | |
| 1100 00010 | | | |
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| | | | <u> </u> |
| | | <u> </u> | |
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| Check here if additi | onal sheets are attached | | |
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| PART II. CONTRIBUTIO | NS RECEIVED | | |
| | | total sum of \$25 or more per person duri | ng the statement period. |
| Name | On Bohalf of OBG | | Amount or Value |
| Not applicable | On Behalf of ORG | · · · · · · · · · · · · · · · · · · · | Amount or Value |
| Not applicable | | | |
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| Chack hore if additi | onal sheets are attached | | |
| Check here it additi | Oliai Sileets are attached | | |
| PART III. SUBJECT ARE | AS OF LORBYING | | |
| | | orted or opposed during the statement p | eriod: |
| Agriculture | Education | Human Services | Science, Technology & Economic Development |
| Communications & Public Utilities | Government Operation & Finance | Intergovernmental Relations, International Affairs | Tourism & Recreation |
| Consumer Protection & Commerce | Hawaiian Affairs | Labor & Employment | Transportation |
| Culture, Arts, Historic Preservation | Health | Planning, Land & Water Use Management | Other (indicate below): |
| Ecology, Energy Environmental Protection | Housing | Public Safety & Corrections | |
| hereby certify that the state | ments made above are correct and | d complete to the best of my knowle | edae |
| i nereby certify that the state | nems made above are correct and | a complete to the best of my knowle | - |
| Jan Com | <u></u> | | 4/10/2013 |
| Signature of Lobbyist | X | Date | |
| GARY CAULFIELD | | VICE CHA | IKMAN |
| Print Name | | Title | |